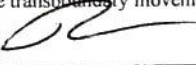


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Notification document for transboundary movements/shipments of waste

| | | |
|--|--|-------------------------------|
| 1. Exporter - notifier Registration No: Name: RND International, Inc. Address: 815 E. 61ST STREET LOS ANGELES, CA 90001 U.S.A. Contact person: JACKIE CHOI Tel: 213-393-8081 Fax: 323-231-3588 E-mail: jackie.choi416@gmail.com | 3. Notification No: Notification concerning A.(i) Individual shipment: <input type="checkbox"/> (ii) Multiple shipments: <input checked="" type="checkbox"/> B.(i) Disposal (1): <input type="checkbox"/> (ii) Recovery: <input checked="" type="checkbox"/> C. Pre-consented recovery facility (2;3) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 2. Importer - consignee Registration No: Name: EMAX INC. Address: 609-5 WOLPYEONG-RI, HWANGNYONG-RI, HWANGNYONG-MYEON, JANGSEONG-GUN, JEOLLAMAN-DO, KOREA Contact person: KEUN-HO KIM Tel: 82-61-395-3247 Fax: 82-61-395-2348 E-mail: KIMKEUNHO75@GMAIL.COM | 4. Total intended number of shipments (4): 52 5. Total intended quantity (4): Tonnes (Mg): m ³ : 600Tonnes(Mg) | |
| 8. Intended carrier(s) Registration No: Name(7): ZIMAX LOGITECH, INC. Address: 5816 CORPORATE AVENUE #150 CYPRESS, CA 90630, U.S.A. Contact person: Tel: 714-821-8200 Fax: 714-821-8700 E-mail: Means of transport (5): (S),(R) | 6. Intended period of time for shipment(s) (4): First departure: MAR. 1, 2015 Last departure: FEB. 29, 2016 7. Packaging type(s) (5): Special handling requirements (6): Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/> 11. Disposal / recovery operation(s) (2) D-code / R-code (5): Technology employed (6): Reason for export (1;6): R-4 | |
| 9. Waste generator(s) - producer(s) (1;7;8) Registration No: Name: RND International, Inc. Address: 815 E. 61ST STREET LOS ANGELES, CA 90001 U.S.A. Contact person: JACKIE CHOI Tel: 213-393-8081 Fax: 323-231-3588 E-mail: JACKIE.CHOI416@GMAIL.COM Site and process of generation (6) | 12. Designation and composition of the waste (6): SPENT LEAD-ACID BATTERIES NOT DRAINED NON-SPILLABLE | |
| 10. Disposal facility (2): <input type="checkbox"/> or recovery facility (2): <input checked="" type="checkbox"/> Registration No: Name: EMAX INC. Address: 609-5 WOLPYEONG-RI, HWANGNYONG-RI, HWANGNYONG-MYEON, JANGSEONG-GUN, JEOLLAMAN-DO, KOREA Contact person: KEUN-HO KIM Tel: 82-61-395-3247 Fax: 82-61-395-2348 E-mail: KIMKEUNHO75@GMAIL.COM Actual site of disposal/recovery: | 13. Physical characteristics (5): 14. Waste identification (fill in relevant codes) (i) Basel Annex VIII (or IX if applicable): A1160 (ii) OECD code (if different from (i)): (iii) EC list of wastes: (iv) National code in country of export: D002, D008 (v) National code in country of import: 02-01-02 (vi) Other (specify): (vii) Y-code: (viii) H-code (5): (ix) UN class (5): (x) UN Number: UN2800 (xi) UN Shipping name: (xii) Customs code(s) (HS): 8548100540 | |
| 15. (a) Countries/states concerned, (b) Code No. of competent authorities where applicable, (c) specific points of exit or entry (border crossing or port) | | |
| State of export - dispatch | State(s) of transit (entry and exit) | State of import - destination |
| (a) USA | | SOUTH KOREA |
| (b) EPA | | YEONGSAN RIVER BASIN |
| (c) LONG BEACH, CA | | GWANGYANG, KOREA |
| 16. Customs offices of entry and/or exit and/or export (European Community): | | |
| Entry: | Exit: | Export: |
| 17. Exporter's - notifier's / generator's - producer's (1) declaration: I certify that the information is complete and correct to my best knowledge. I also certify that legally enforceable written contractual obligations have been entered into and that any applicable insurance or other financial guarantee is or shall be in force covering the transboundary movement. Exporter's - notifier's name: Jackie Choi Date: 02/11/15 Signature:  Generator's - producer's name: Date: Signature: | | |
| FOR USE BY COMPETENT AUTHORITIES | | |
| 19. Acknowledgement from the relevant competent authority of countries of import - destination / transit (1) / export - dispatch (9): Country: Notification received on: Acknowledgement sent on: Name of competent authority: Stamp and/or signature: | 20. Written consent (1;8) to the movement provided by the competent authority of (country): Consent given on: Consent valid from: until: Specific conditions: No: <input type="checkbox"/> If Yes, see block 21 (6): <input type="checkbox"/> Name of competent authority: Stamp and/or signature: | |
| 21. Specific conditions on consenting to the movement document or reasons for objecting | | |

(1) Required by the Basel Convention

(2) In the case of an R12/R13 or D13-D15 operation, also attach corresponding information on any subsequent R12/R13 or D13-D15 facilities and on the subsequent R1-R11 or D1-D12 facility(ies) when required

(3) To be completed for movements within the OECD area and only if B(ii) applies

(4) Attach detailed list if multiple shipments

(5) See list of abbreviations and codes on the next page

(6) Attach details if necessary

(7) Attach list if more than one

(8) If required by national legislation

(9) If applicable under the OECD Decision